

PTO/SB/122 (09-04)  
Approved for use through 07/31/2008. OMB 0661-0035  
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| <b>CHANGE OF<br/>CORRESPONDENCE ADDRESS<br/>Application</b><br><br>Address to:<br>Commissioner for Patents<br>P.O. Box 1450<br>Alexandria, VA 22313-1450 | Application Number     | 10/820,169    |
|  | Filing Date            | 4/8/04        |
|  | First Named Inventor   | FAUL          |
|  | Art Unit               | 3738          |
|  | Examiner Name          | NOT YET KNOWN |
|  | Attorney Docket Number | S03-013 US    |

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☐ Assignee of record of the entire interest.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ Attorney or agent of record. Registration Number 55,399

☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number \_\_\_\_\_

Signature Robert Lodenkemper

Typed or Printed Name Robert Lodenkemper

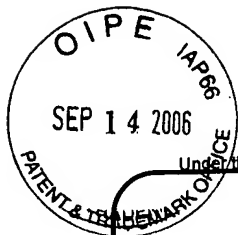
Date 8/23/05 Telephone \_\_\_\_\_

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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IFW

PTO/SB/21 (07-06)

Approved for use through 09/30/2006. OMB 0651-0031

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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

2

Application Number 10/820,169

Filing Date 04-06-2004

First Named Inventor FAUL, John

Art Unit 3762

Examiner Name DEAK, Leslie R.

Attorney Docket Number S03-013 US

### ENCLOSURES (Check all that apply)

☐ Fee Transmittal Form

☐ Fee Attached

☐ Amendment/Reply

☐ After Final

☐ Affidavits/declaration(s)

☐ Extension of Time Request

☐ Express Abandonment Request

☐ Information Disclosure Statement

☐ Certified Copy of Priority Document(s)

☐ Reply to Missing Parts/  
Incomplete Application

☐ Reply to Missing Parts  
under 37 CFR 1.52 or 1.53

☐ Drawing(s)

☐ Licensing-related Papers

☐ Petition

☐ Petition to Convert to a  
Provisional Application

☒ Power of Attorney, Revocation  
Change of Correspondence Address

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☐ CD, Number of CD(s) \_\_\_\_\_

☐ Landscape Table on CD

☐ After Allowance Communication to TC

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☐ Appeal Communication to TC  
(Appeal Notice, Brief, Reply Brief)

☐ Proprietary Information

☐ Status Letter

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#### Remarks

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### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name Bell & Associates

Signature

Printed name Matthew Kaser

Date 8th September, 2006

Reg. No. 44,817

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